

Name
In
Full

Milton Horner Adams

CERTIFICATE OF DEATH

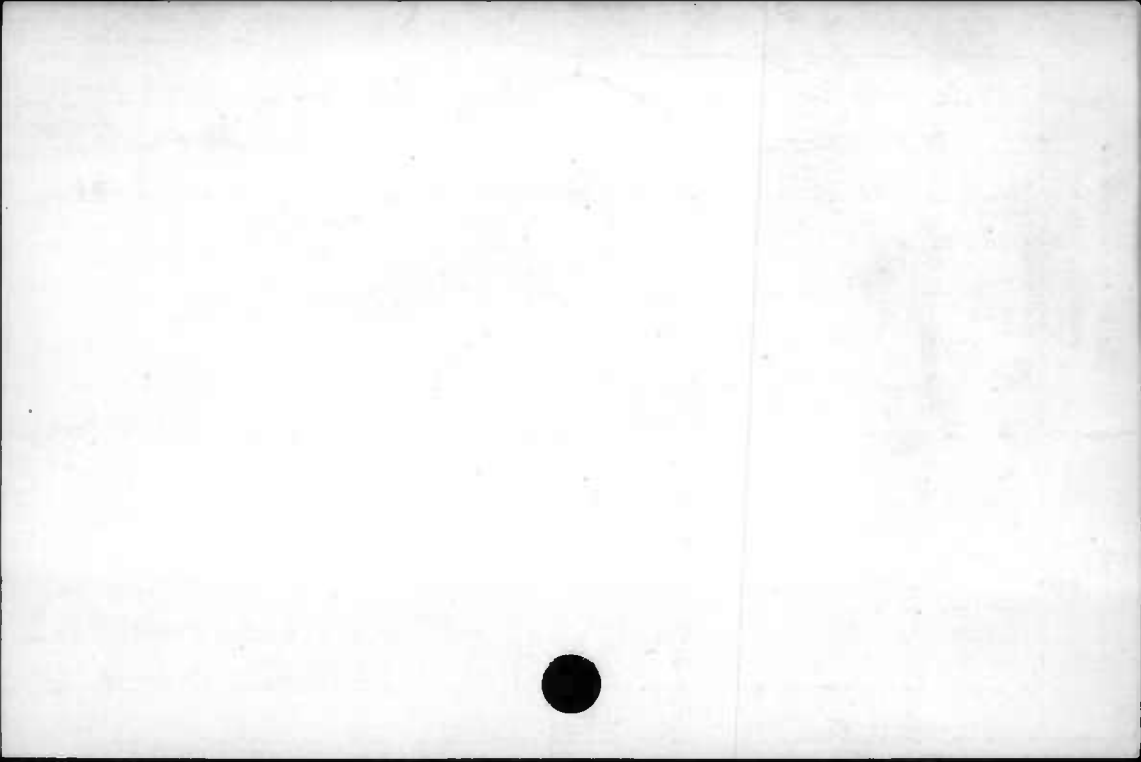
TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *New Preston*^{County} *Caroline*

MARYLAND

Date of death *1906 Aug 6* Age *6* Years *7* Months *14* DaysSex *male* Color or Race *Black* Birth-place *Maryland*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Brighton Adams* Father's Birthplace *Maryland*Mother's Maiden Name *Emma Horner* Mother's Birthplace *Maryland*Name of person giving information *Martin Horner* How related to deceased *S. Horner*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Marasmus* *(179)* How long *2 months*Immediate *Exhaustion* How long *—*Are the name, age, sex, color, date and place correctly given above? *—* Signature of Physician *J. L. Toles**—* Address *Preston Md.*Accident or Suicide? *—*



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

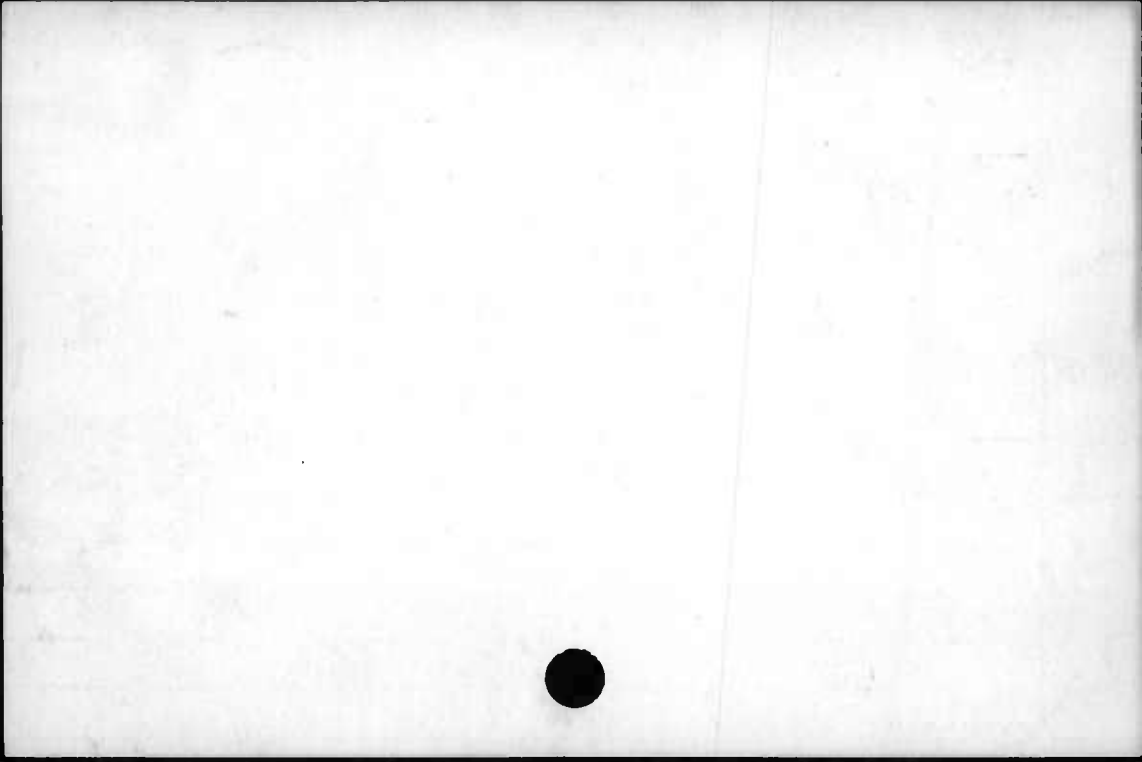
MARYLAND

Name <i>John Bannan</i>		Town <i>Hillsboro</i>		County <i>Cecil</i>	
Died at <i>Hillsboro</i>		Month <i>Aug.</i>		Day <i>15</i>	
Date of death <i>1906</i>		Age <i>Not known</i>		Years <i>Not known</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Unknown</i>	
Occupation <i>Laborman</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Ed. Hines</i>		How related to deceased <i>Nephew</i>			

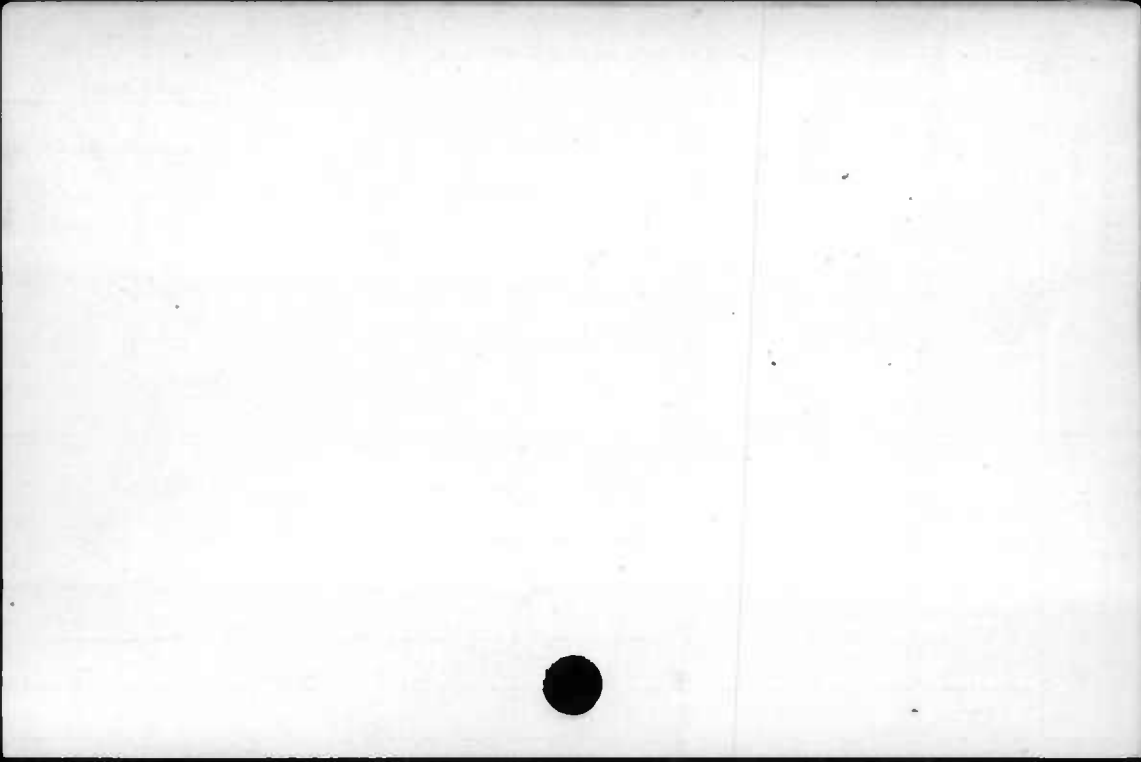
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long	<i>—</i>
Immediate	<i>Unknown</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. J. W. Rowe, M.D.</i>	
		Address <i>Hillsboro, Md.</i>	
Accident or Suicide? <i>—</i>		<i>ma</i>	



Name in Full		CERTIFICATE OF DEATH			
John R. Bradley		Ridgely		Caroline	
Died at		Town		County	
Date of death		Month	Day	Years	Months
1906		August	26	40	2
Sex		Color or Race		Birth-place	
Male		Caucasian		Baltimore, Md	
Occupation		Where Residing if not at place of death			
		Ridgely			
Married, Single or Widowed		Name of Wife or Husband			
		Willie M. Bradley			
Father's Name		John L. Bradley		Father's Birthplace	
				Balto	
Mother's Maiden Name				Mother's Birthplace	
				Balto	
Name of person giving information		Willie M. Bradley		How related to deceased	
				Sis	
CAUSES OF DEATH					
Primary		Phthisis Pulmonalis		How long	
				1 year	
Immediate		Exhaustion		How long	
				1 month	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
				J. C. Madara	
				Address	
				Ridgely Md.	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

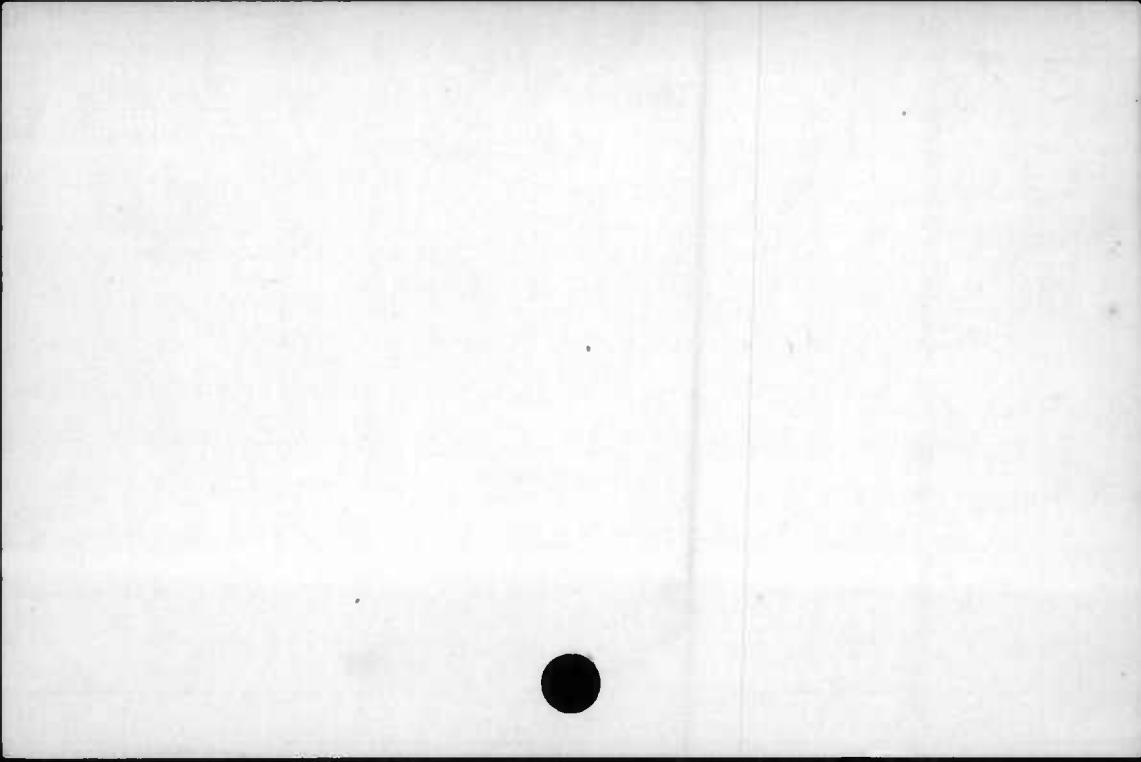
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Katharine Anne Burke</i>		Town <i>Burrsville</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Burrsville</i>		Month <i>August</i>		Day <i>9th</i>		Age <i>76</i>	
Date of death 190 <i>6</i>		Months <i>0</i>		Years <i>14</i>		Days <i>14</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>England</i>			
Married, Single or Widowed <i>Widowed</i>				Occupation			
Name of Wife or Husband <i>Edward Burke</i>							
Father's Name <i>Thos. Lloyd</i>				Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>Winifred Costigan</i>				Mother's Birthplace <i>England</i>			
Name of person giving information <i>Katie Burke</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>		How long <i>120</i>	
Immediate <i>Gastritis</i>		How long <i>14 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Thos. Salisbury</i>	
		Address <i>Burrsville</i>	
Accident or Suicide?		<i>MD</i>	



Name
in
Full

Mary Elizabeth Conlyne

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} near Ridgely^{County} CarolineDate
of death 1906

Month

Aug

Day

15

Age

Years

64

Months

2

Days

19

Sex

Female

Color or
Race

White

Birth-
place

Delaware

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Wm B. Conlyne.

Father's
Name

Thos. Jones

Father's
Birthplace

Del.

Mother's
Maiden Name

Rachael Clelandaniel

Mother's
Birthplace

Del.

Name of person giving
Information

Geo. Jones

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Typhoid Fever. (1)

How long

3 weeks.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. S. Stone

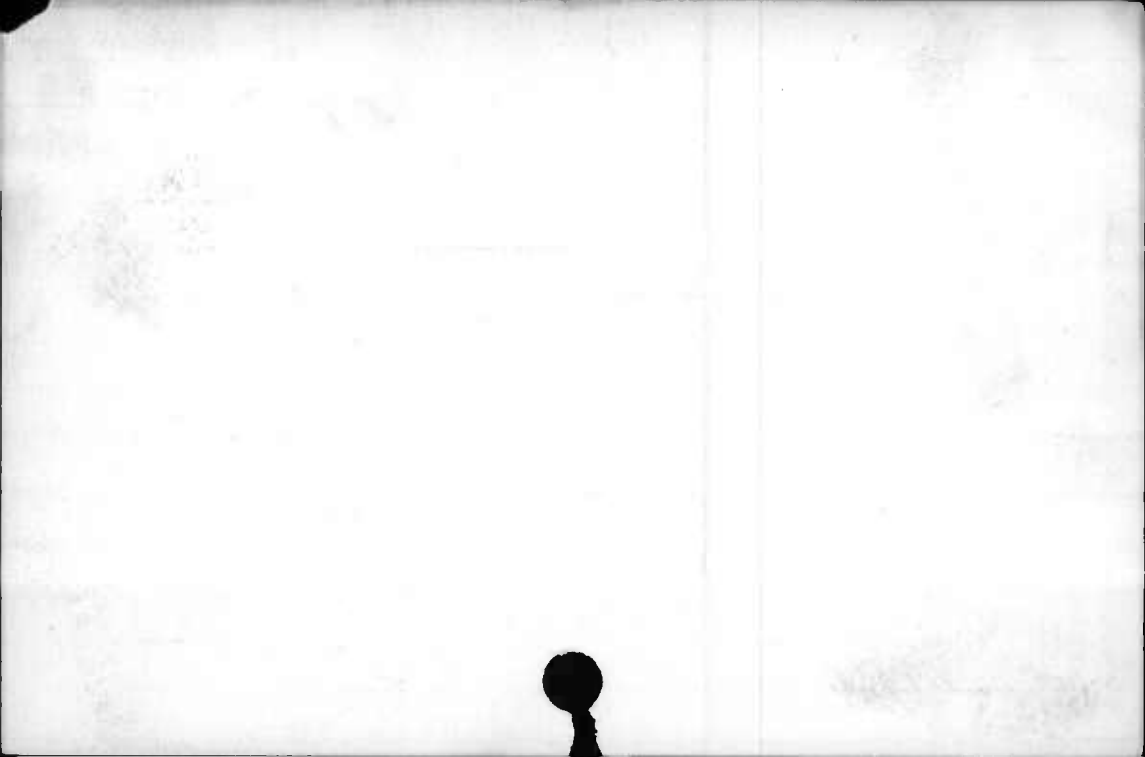
Address

Ridgely

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Marie Hilsch

CERTIFICATE OF DEATH

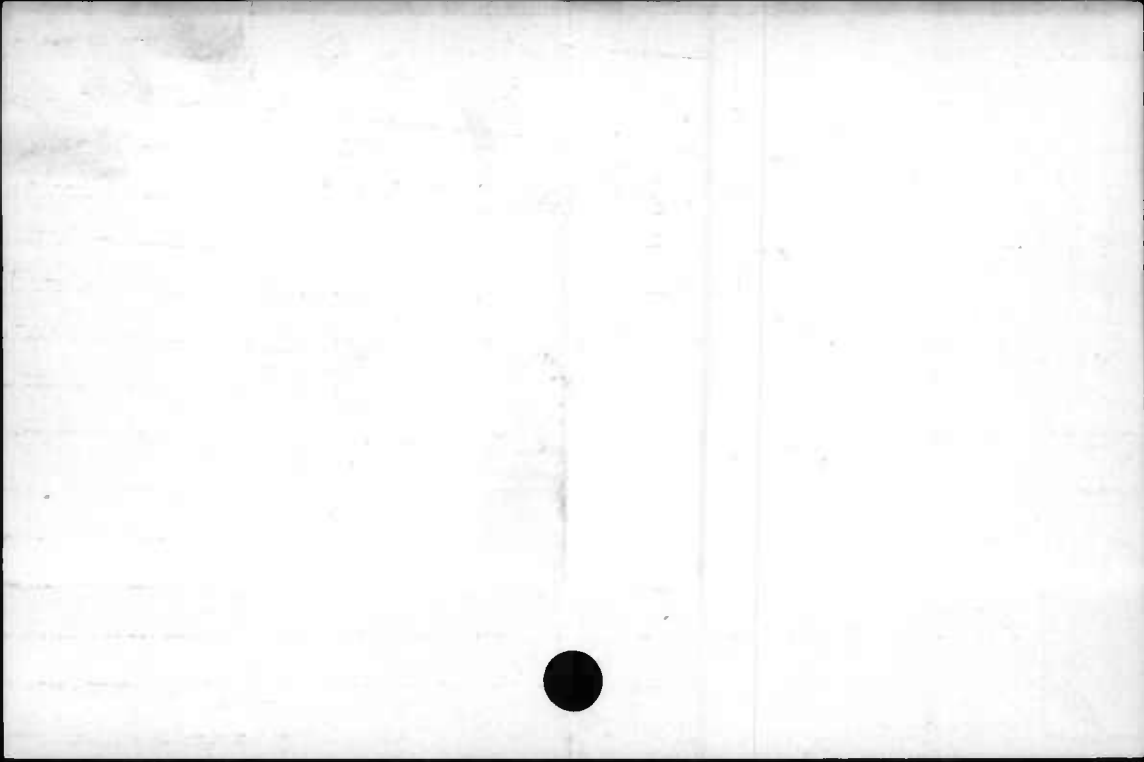
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Federalburg		County Caroline		MARYLAND	
Date of death		1906	Month Aug	Day 20	Age Years 38	Months 3	Days 2
Sex female		Color or Race white		Birth- place Germany			
Occupation none		Where Residing if not at place of death					
Married, Single or Widowed widow		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation Margaret Smith				How related to deceased daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diarrhoca	How long	1 week
Immediate	Gen Debility	How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician R. J. Jefferson	
		Address Federalburg md	
Accident or Sulcide?			



Name
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Full

CERTIFICATE OF DEATH

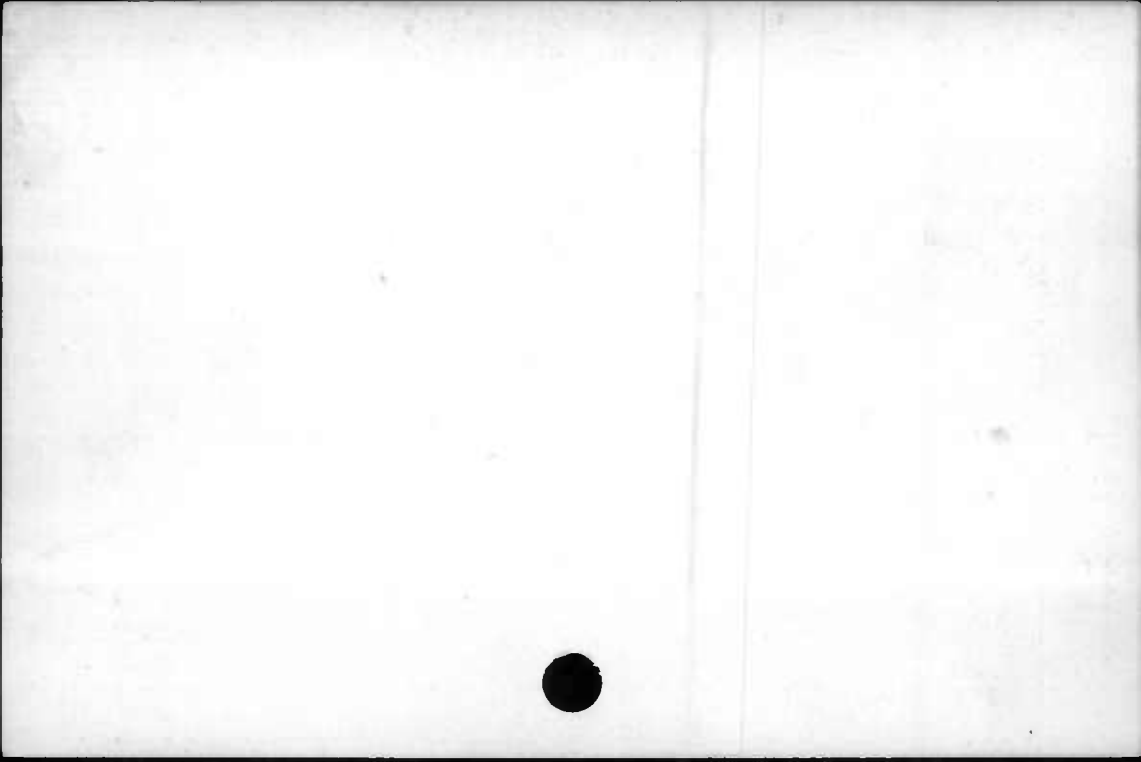
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Neer Fowling Creek</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Aug</i>	Day	<i>6</i>	Age	<i>7</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>			Birth-place	<i>Ms</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<i>O. J. Howard</i>				Father's Birthplace	
Mother's Maiden Name		<i>Ruth Hunt</i>				Mother's Birthplace	
Name of person giving information		How related to deceased					

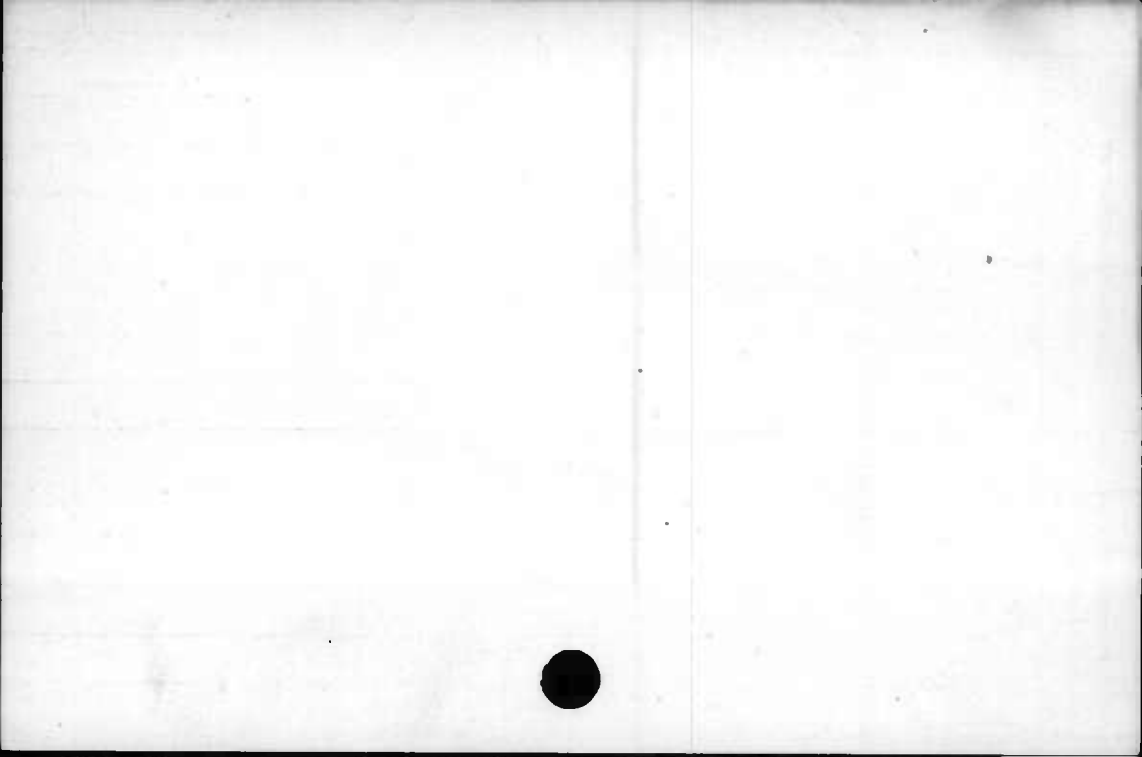
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastro Enteritis</i>	How long	<i>3 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J. Raymond Brown</i>	
		Address	
		<i>Preston</i>	
Accident or Suicide?			



Name in Full		Mortischal V. Jefferson				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Ridgely		Caroline		
	Date of death	1906	Month	August	Day	30	Age
					Years	—	Months
					3 weeks		Days
	Sex	Female		Color or Race	Negro		Birth-place
					Ridgely, Md.		
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		J. V. Jefferson				Father's Birthplace	
						Middletown, Del.	
Mother's Maiden Name		Annie E. Newman				Mother's Birthplace	
						Whitman, Md.	
Name of person giving information		J. V. Jefferson				How related to deceased	
						Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Marasmus -				How long	3 weeks
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					S. S. Stone M.D.		
					Address		
				Ridgely			
				Md.			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Jessie Moore*
W Pkpton TownCounty *Caroline*Date of death *1906* *Aug* MonthDay *4*Age *18* Years

Months

Days

Sex *Female*Color or Race *Colored*Birthplace *Mo*Occupation *Housework*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Salomon Moore*Father's Birthplace *Mo*Mother's Maiden Name *Mary Lake*Mother's Birthplace *Mo*

Name of person giving Information

How related to deceased

CAUSES OF DEATH

Primary *Typhoid Fever*How long *5 to 6*

Immediate

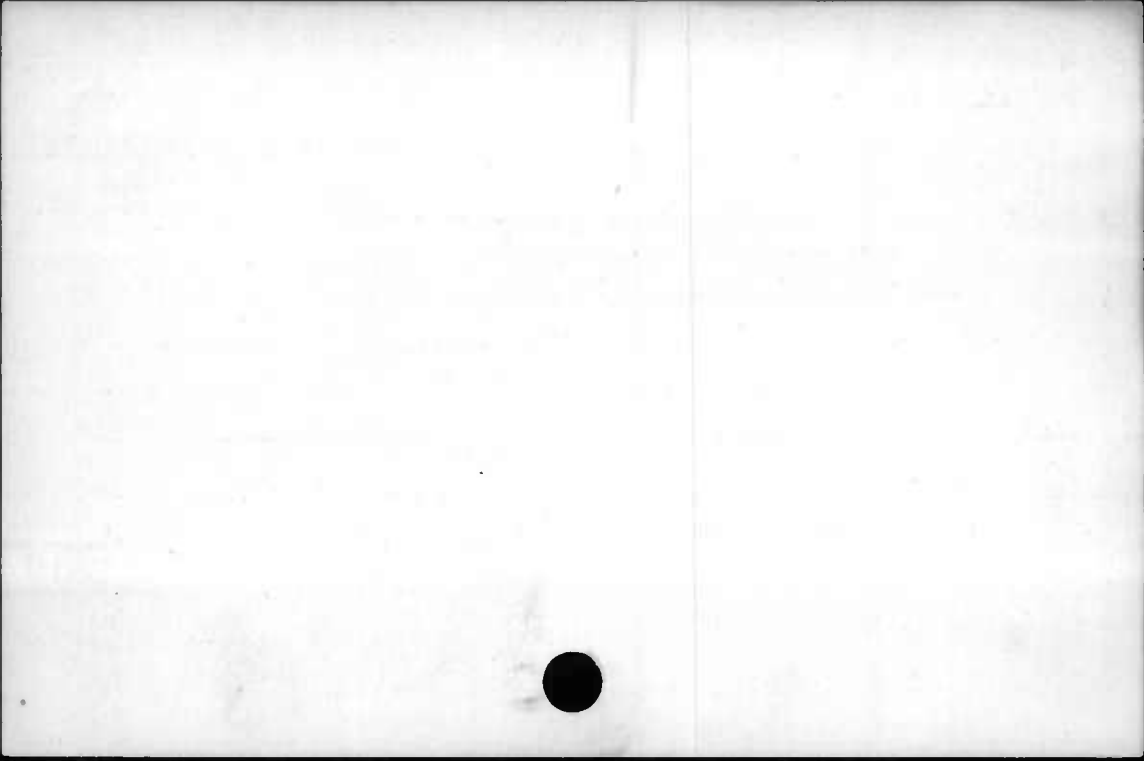
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. Raymond Moore*Address *W Pkpton*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Rayline Magee.

Town

County

Died at

Feddersburg.

Caroline

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

06.

9. 27.

Age

50 -

-

-

Caroline

Child.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Elin. Magee.

Maiden Name

Mother's

M. Cannon.

Cause of

Primary

Ex Diphtheria

How long sick

7 days

Death

Immediate

Ex Pneumonia

Accident, Suicide, Homicide

Reported by

Geo. F. Garrison.

Address

Feddersburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Roosevelt Noble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Preston* Town*Caroline County* County

MARYLAND

Date of death *1906 Aug* MonthDay *30*Age *1* YearsMonths *2*

Days

Sex *male*Color or
Race*Black*Birth-
place*Maryland*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*William E. Noble*Father's
Birthplace*md*Mother's
Maiden Name*Mary C. Holmes*Mother's
Birthplace*md*Name of person giving
In formation*William E. Noble*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Whooping Cough

How long

Immediate

at base of Lung

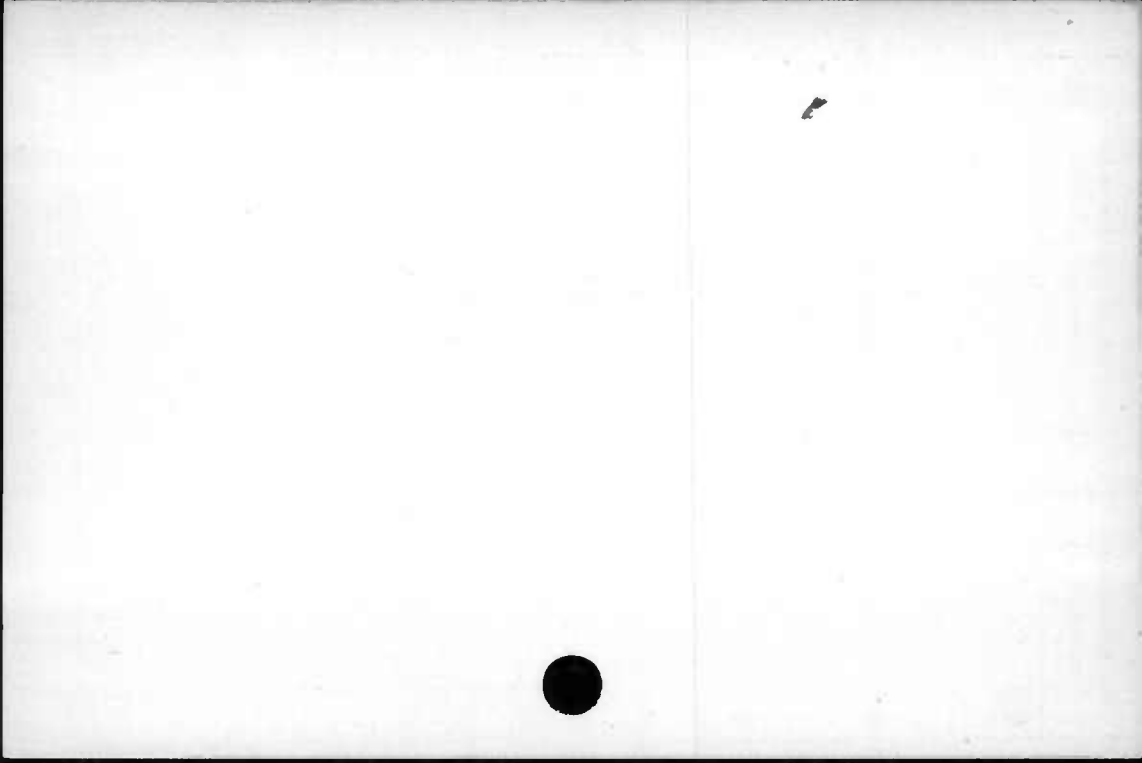
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*J. L. Noble**Preston, md*

Accident or Suicide?



Name
in
Full

Emma E. Patrick

CERTIFICATE OF DEATH

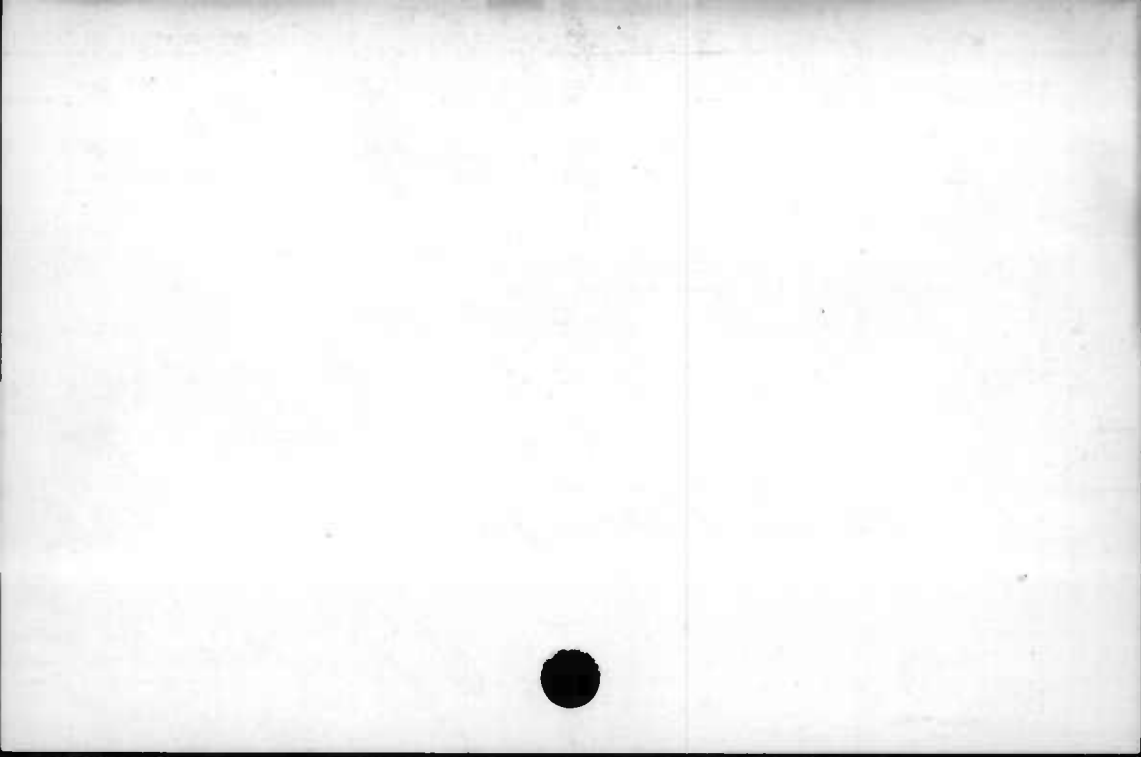
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{town} near <i>Bethesda</i>		^{County} <i>Caroline</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>17</i>	Age <i>36</i>	Months <i>2</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Maryland</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>J. S. Patrick</i>				
Father's Name <i>Hinson Cole</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary E. Baker</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Hinson Cole</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>120</i>	<i>Don't know</i>
Immediate <i>Uremic Poisoning</i>	How long <i>6 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Tobler</i>	
	Address <i>Bethesda Md.</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

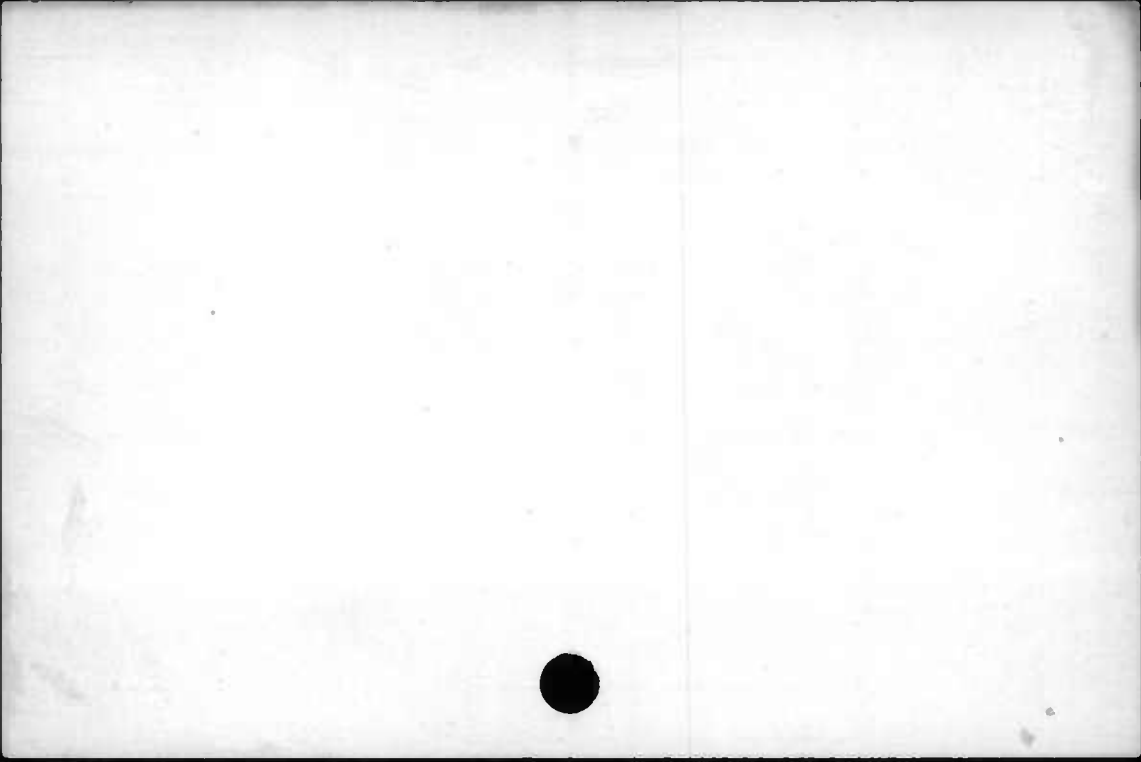
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tow Town</i>		<i>Williamson</i> County		MARYLAND	
Date of death	1906	Month	Aug.	Day	27
Age		Years	3	Months	10
Sex	Male	Color or Race	White	Birth-place	Md
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Elijah Williamson</i>		Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information		(61)		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Meningitis</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>John H. Ward</i>
		Address	<i>Andersonton Md.</i>
Accident or Suicide?			



Name
in
Full

Earl Francis Williamson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Two Johns</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Month</small>	<i>Aug.</i> <small>Day</small>	<i>27</i> <small>Age</small>	<i>4</i> <small>Years</small>	<i>Months</i> <small>Days</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind.</i>
Occupation	<i>~~~~~</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>~~~~~</i>		Name of Wife or Husband		
Father's Name	<i>Elijah Williamson</i>			Father's Birthplace	<i>Ind.</i>
Mother's Maiden Name	<i>Lorna Langford</i>			Mother's Birthplace	<i>Ind.</i>
Name of person giving Information	<i>Elijah Williamson</i>			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i> <i>(1)</i>	How long	<i>7 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. W. Hadenway</i>
		Address	<i>Frowning Creek Ind.</i>
Accident or Suicide?			

